



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

HEALTHTRUST
P O BOX 890008
HOUSTON TX 77289

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0649-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier is basing their denial on timely filing. HealthTrust contacted Texas Mutual to inquire about the outstanding date of service. They notified HealthTrust that they never received the bill. HealthTrust in turn sent in another HCFA with proof of timely filing. Texas Mutual is denying this claim due to proof of timely filing even though we have a signed certified mail receipt from them."

Amount in Dispute: \$147.56

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided individual therapy services to the claimant on 11/11/10. Texas Mutual received the bill 9/22/11...Texas Mutual denied payment for this untimely bill. The requestor argues it timely submitted the bill and as proof attached a Xerox collage of certified mail receipt, a list of claimant names allegedly sent 11/19/2010, and the front of the certified mail to Texas Mutual...The disputed date of 11/11/10 is shown on the document. However, there is nothing about the document showing when the bill was submitted for payment independent of when the requestor alleges it was mailed. Further, DWC MDR has stated that the evidence must satisfy the requirements of Rule 102.4(h). For example in MDR #M4-10-2021 it was found that evidence of screen shots was not sufficient and that pursuant to 102.4(h) there was no documentation found to sufficiently support that the medical bill was sent to the respondent within 95 days from the date the services were provided. In MDR #M4-08-5169 it was found the provider did not submit a fax confirmation report, personal delivery or electronic transmission report, postmarked mail or signature date on written communication to support its position the medical bill was sent timely per 102.4(h). For these reasons no payment is due. Further, the requestor has not provided a copy of the requestor [sic] for reconsideration bill and EOB of such from Texas Mutual with its request for medical fee dispute resolution. Texas Mutual searched its claim file and found none."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 11, 2010	CPT Code 90806 X 1 Unit	\$147.56	\$141.67

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional medical services provided on or after March 1, 2008.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated October 14, 2011
 - CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
 - 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds a certified mail return receipt and itemized listing of Article Number 7010 1870 0003 3054 9402 with a sent date of November 19, 2010, and a return receipt signed by Chris Smith, a representative of Texas Mutual Insurance Company on November 23, 2010 in support of its position that the medical bills were originally sent to the carrier. Per 28 Texas Administrative Code §102.4(h), documentation submitted by the requestor in this medical fee dispute sufficiently supports that a medical bill was submitted for payment to the insurance carrier within 95 days after the date on which the health care services were provided to the injured employee.
3. The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. Review of the submitted documentation finds that the requestor in this medical fee dispute has timely filed the medical bills with the insurance carrier in accordance with Texas Labor Code §408.027. The respondent's denial reasons are not supported. Therefore, reimbursement is recommended. Per 28 Texas Administrative code §134.203, the calculations for CPT code 90806 are as follows:
\$54.32 WC CF/36.8729 Medicare CF x \$96.17 Participating Amount = \$141.67
The total MAR for CPT code 90806 billed on November 11, 2010 is \$141.67. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$141.67.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$141.67 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	February 9, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.